

Foster Family Home - Corrective Action Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-6

15-1535 18th Avenue

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 10/23/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection.

Carol Copeland
Compliance Manager

Jaymie Sumoba
Primary Care Giver

10/29/19
Date

10/29/19
Date